

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

10719522

FILING DATE

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|------------|----------|-----|---------------------|-----|---------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
| 1 | 1 | | | | | |
| 2 | | 1 | | | | |
| 3 | | 1 | | | | |
| 4 | | 1 | | | | |
| 5 | | 1 | | | | |
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| TOTAL IND. | 2 | | | | | |

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| | AFTER 3RD AMENDMENT | | AFTER 4TH AMENDMENT | | AFTER 5TH AMENDMENT | |
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| | IND | DEP | IND | DEP | IND | DEP |
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| TOTAL IND. | | | | | | |